	PTO/SB/01 (03-01)

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	N FOR UTILITY OR	Attorney Docket Nun	nber OSTE	ONICS 3.0-349				
_	ESIGN	First Named Inventor Andre		as W. Speitling				
PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN						
		Application Number Not Yet Assigned						
X Declaration	Declaration	Filing Date Herewith						
Submitted OR With Initial	Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit N/A						
Filing		Examiner Name	Not Yet Assigned					
As a below named i	nventor, I hereby declare th	at:						
My residence, mailing a	ddress, and citizenship are as sta	ated below next to my nar	ne.					
	al, first and sole inventor (if only o							
names are listed below)	of the subject matter which is cla	urned and for which a par	ent is sought of	n the invention entitled:				
A DEVICE FOR USE WITH THERAPEUTIC OR SURGICAL INSTRUMENTS, IMPLANTS AND EQUIPMENT THEREFOR								
<u> </u>	/7	itle of the Invention)						
the specification of w		nie or the inventiony						
X is attached her	eto							
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application No. and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	0	Foreign Filing Date	Priority	Certified Copy Attached?				
Number(s) 200 20 649.4	Country Germany	(MM/DD/YYYY) 12/06/2000	Not Claimed	YES NO X				
200 20 049.4	deiliany	12/00/2000						

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:





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DECLARATION — Utility or Design Pat nt Application								
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530								
Direct all correspondence to: X Customer Number or Bar Code Label Customer Number or Bar Code Label				530	orrespondence address below			
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Address								
City	у		Stat	e	ZIP	ZIP		
Country	Telephone		Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:				A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])	Andreas Wern	er		Family Name or Surname	Speitling			
Inventor's Signature					Date			
Kiel Residence: City	State	Country	Germany Country Citizens		Citizenship	Germany		
Mailing Address: Oppendorfer Weg 36								
Kiel	State	ZIP	D-2	4149 Germany		Germany		
NAME OF SECOND INVENTOR:			A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature			Date					
Residence: City	City State Country		,		Citizenship			
Mailing Address:								
City	State	ZIP		Country				
Additional inventors are being named on the			supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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